MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 G6119

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Joppa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Joppa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Harry (Last) Anderson

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 12-27-1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): Caldwell, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John C. Anderson

14. MOTHER'S MAIDEN NAME: Caroline Tulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Harry Anderson Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Malignant Metastases in Bones — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of Prostate — 2 years.

DUE TO (c) Old Age (85 years).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1952

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1953, to ~~19~~, that I last saw the deceased alive on May 8, 1953, and that death occurred at June 20, 53, from the causes and on the date stated above.

SIGNATURE A. I. Sandecki (Degree or title) M.D. ADDRESS DATE SIGNED June 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-23-53 | NAME OF CEMETERY OR CREMATORY JERUSALEM CHRISTIAN | LOCATION (City, town, or county) (State) Joppa, Harford Co Md.

DATE REC'D BY LOCAL REGISTRAR 6, 24, 53 | REGISTRAR'S SIGNATURE Mame M Mordedale

24. FUNERAL DIRECTOR Kenneth W Anderson ADDRESS Stewartstown Pa

VS. A15

RECEIVED
JUN 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06120

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 6½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural, give location) On U.S. Route 40

3. NAME OF DECEASED (Type or Print): (First) Debora (Middle) Anne (Last) Arnold
4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 27, 1953
9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 8 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H Arnold
14. MOTHER'S MAIDEN NAME: Georgia Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James H. Arnold Perryville, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Congenital Atelectasis of the Lungs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27-, 1953, to 6-28-, 1953, that I last saw the deceased alive on 6-28-, 1953, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
V. P. Vicenta, M.D. Sanford Memo. Hosp. 6-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6-28-53
NAME OF CEMETERY OR CREMATORY: Asbury
LOCATION (City, town, or county) (State): Parkville, Balto. Co. Md. Rural

DATE REC'D BY LOCAL REG.: June 28-1953
REGISTRAR'S SIGNATURE: G. L. Lewis M.D.
24. FUNERAL DIRECTOR: Wm. Patterson & Son
ADDRESS: Perryville Md.

2163283361

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06121

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air | LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co. Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Havre de Grace R.D. #1
STREET ADDRESS (If rural give location) Paradise Road

3. NAME OF DECEASED: (Type or Print) (First) Estelle (Middle) Gill (Last) Barton
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb. 10 1867
9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Gill
14. MOTHER'S MAIDEN NAME: Emma Hayward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Chas. H. Hamilton, Havre de Grace R.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X Immediate cause (a) Cerebrovascular accident — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — indefinite
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 20, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Paul S. Stonesifer Jr. M.D. | 615 Hickory Ave. Bel Air | June 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-23-53 | NAME OF CEMETERY OR CREMATORY Wesleyan Chapel | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE RECD BY LOCAL REGISTRAR 6/20/53 | REGISTRAR'S SIGNATURE Priscilla Foxwood | 24. FUNERAL DIRECTOR R. Madison Mitchell | ADDRESS Havre de Grace Md.

VS. 4/15

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06122

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) about 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural Rt. 1
STREET ADDRESS (If rural, give location) Robin Hood Road.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Karl (Last) Berger
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec. 28-1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Dry
10b. KIND OF BUSINESS OR INDUSTRY: Various work
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 227-03-6551
17. INFORMANT AND ADDRESS: Mrs Wm. H. House - Havre de Grace Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald P Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 28-53 | NAME OF CEMETERY OR CREMATORY Granberry Cemetery | LOCATION (City, town, or county) (State) Perryman, Md.

DATE REC'D BY LOCAL REG. June 27-53 | REGISTRAR'S SIGNATURE Mellie R Perry | 24. FUNERAL DIRECTOR Henry Harding and Sons. | ADDRESS Aberdeen, Md.

VS. A15A

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06123

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakwood 07X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RONNIE (Middle) (Last) BOSZE

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 26, 1952
9. AGE last birthday: No yrs. IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Cecil Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bosza
14. MOTHER'S MAIDEN NAME: Pruitt Orthelda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr. Frank Bosza

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

Immediate cause (a) Dehydration — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diarrhoea — 1 week

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1953, to 6/6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer M.D.
ADDRESS Bel Air Md
DATE SIGNED June 6, 1953

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF June 9, 1953
NAME OF CEMETERY OR CREMATORY Conowingo Cem
LOCATION (City, town, or county) Cecil Co, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 8, 1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington, Md.

10V5232596

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53 124

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) E (Last) Brown

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 27 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Alleghaney N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Richard

14. MOTHER'S MAIDEN NAME: Martha Edwards

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mr. Odell Brown Darlington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Immed.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Heart Arteriosclerosis and — Several
DUE TO (c) Hypertensive Cardiovascular disease — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1952, to June 27, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Malcolm Dudley Phillips MD — ADDRESS Darlington, Md — DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF June 27 1953 — NAME OF CEMETERY OR CREMATORY Harta N.C. — LOCATION (City, town, or county) (State) N C

DATE REC'D BY LOCAL REGISTRAR June 27, 1953 — REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md.

VS. A15 (7)

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C6125

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 30 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Ontario St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 711 Ontario St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virginia (Last) De Haven
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Retired 6 yrs.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stewart L. Luttrell
14. MOTHER'S MAIDEN NAME: Albina (unk)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Freeman Botts Jr. Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Pulmonary Oedema — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 5 years

DUE TO

(c) Arthritis Deformans — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE Wm Wolbert (Degree or title) MD. ADDRESS Havre de Grace Md. DATE SIGNED 6/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-23-1953
NAME OF CEMETERY OR CREMATORY Mt. Hebron
LOCATION (City, town, or county) (State) Frederick Co. Va.

DATE REC'D BY LOCAL REGISTRAR June 21-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

RECEIVED
JUN 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06126

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) L (Last) Gambill
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH: Oct. 15, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Grayson Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willey Taylor
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr. Paul Gambill Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

172 +

Immediate cause (a) Carcinoma of Uterus Bel Air Md. — Interval Between Onset And Death 6 Mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1953 to June 26, 1953 that I last saw the deceased alive on June 24 1953 and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Snodgrass M.D.
ADDRESS Darlington Md.
DATE SIGNED 6/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 29, 1953
NAME OF CEMETERY OR CREMATORY Mt. Zion Cem
LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 27, 1953
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. A. Bailey
ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Item 18 Film G157 8-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]27

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Everly (Last) Greider

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward James

14. MOTHER'S MAIDEN NAME: Mary Flahart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Owen A. Greider, Cardiff, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

174

Immediate cause (a) Metastatic Carcinoma

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Primary site - Uterus

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to June 23, 1953, that I last saw the deceased alive on June 23 1953, and that death occurred at 1.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Jonah A. Hunt M.D. ADDRESS Delta Pa. DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-26-53

NAME OF CEMETERY OR CREMATORY: Slate Ridge

LOCATION (City, town, or county) (State): Delta, Pa.

DATE REC'D BY LOCAL REGISTRAR 6-25-53

REGISTRAR'S SIGNATURE Priscilla Fouwood

24. FUNERAL DIRECTOR: John H. Harkins, ADDRESS Delta, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

28

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Herbert (Last) Hopkins
4. DATE OF DEATH (Month) June (Day) 26, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct. 2, 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor
10b. KIND OF BUSINESS OR INDUSTRY Used Car
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Hopkins
14. MOTHER'S MAIDEN NAME Laura Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Cora. E. Hopkuns, Bel Air, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) June 26, 1953 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles Richardson Jr. (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 6/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/28/1953
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) (State) Abingdon, Harford, Md.,

DATE REC'D BY LOCAL REG. 6/29/53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son ADDRESS Abingdon Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06129

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 563 Congress Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural give location) 563 Congress Ave.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Ward (Last) Jackson
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 2-18-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Steward
10b. KIND OF BUSINESS OR INDUSTRY: Elks Club
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Jackson
14. MOTHER'S MAIDEN NAME: Annie E. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-03-1152
17. INFORMANT & ADDRESS: Ellender Fleming, Havre De Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Sclerotic Cardiovascular Hypertensive Disease

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1953, to 6/13, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 5:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D.
ADDRESS 400 Tennessee Ave. Havre de Grace Md.
DATE SIGNED 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-16-1953
NAME OF CEMETERY OR CREMATORY Principio
LOCATION (City, town, or county) (State) Principio Furnace, Md.

DATE REC'D BY LOCAL REGISTRAR June 16-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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1130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) (Last) Johnson

4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH ✓
9. AGE last birthday 90? yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Perryman, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anthony Glover
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Herbert Williams, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4500 Immediate cause (a) Arteriosclerotic heart disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1951, to 6/14, 1953, that I last saw the deceased alive on 6/12, 1953, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, M.D. (Degree or title) ADDRESS Havre de Grace Maryland DATE SIGNED 6/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/17/53
NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery
LOCATION (City, town, or county) Swan Creek, Harford, Md (State)

DATE REC'D BY LOCAL REG. 6/17/53
REGISTRAR'S SIGNATURE Mane M Monkdale
24. FUNERAL DIRECTOR Elmer E Bullock - Havre de Grace, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

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JUN 23 1953
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

131

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and ~~OR~~ give nearest town) TOWN Churchville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS James

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Jones
4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married | 8. DATE OF BIRTH: March 24 1897 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Gunner | 10b. KIND OF BUSINESS OR INDUSTRY: Lead | 11. BIRTHPLACE (State or foreign country): Harford Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Jones | 14. MOTHER'S MAIDEN NAME: Martha Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes - World War I | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. J. Albert Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 8 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 1/1, to June, 19 53 that I last saw the deceased alive on June 24, 19 53, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. Ralph Norkus | Churchville Md | June 24

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 27 1953 | NAME OF CEMETERY OR CREMATORY Darlington Cem. | LOCATION (City, town, or county) Harford Co | (State) Md

DATE REC'D BY LOCAL REG. June 26 1953 | REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR | ADDRESS
H. S. Bailey
Darlington, Md.

VS-A 15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1)32

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Bel Air
LENGTH OF STAY (in this place) 6 yrs
~~HOSPITAL OR~~ INSTITUTION OR ~~STREET~~ ADDRESS Almshouse

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Geo. (Middle) Walter (Last) Jordan

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): S

8. DATE OF BIRTH: 6 of 5 1887

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Oliver Jordan

14. MOTHER'S MAIDEN NAME: Maude Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Nr

17. INFORMANT & ADDRESS: Ben Jordan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval Between Onset and Death: 12 hrs

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Ch Bronchial Asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adv. Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 ~~19~~ ... to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D — ADDRESS Forest Hill, Md — DATE SIGNED 6/3/53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF June 6 1953 — NAME OF CEMETERY OR CREMATORY Darlington Cem — LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6/5/53 — REGISTRAR'S SIGNATURE Priscilla Fawood

24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md

BUREAU
JUN 9

Items 18&21 Film G155 7-6-53 ams
Item 12 FilmG155 7/10/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Harford — Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Kosky
4. DATE OF DEATH (Month) (Day) (Year) 6/26/53 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Unknown
9. AGE last birthday Abt. 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rather
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Chas. Day 110 W. Randall St. Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8/2X Immediate cause (a) Fracture skull — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) Auto accident, auto-pedextrian type

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture both bones both legs —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route 40 (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-23-53 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Auto accident, auto-pedestrian type

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

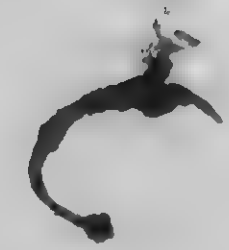
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 6/27/53

BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/53
NAME OF CEMETERY OR CREMATORY Holy Trinity Cem
LOCATION (City, town, or county) (State) Elkridge, Md.

DATE REC'D BY LOCAL REG 6/30/53
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR A. Howard Evans
ADDRESS Drury 400 S Charles St Balto 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

134

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location) Glenville Road

3. NAME OF DECEASED (Type or Print): (First) Molly (Middle) E. (Last) Kennedy
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Nov. 7th 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME: William Hipkins
14. MOTHER'S MAIDEN NAME: Alice West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Hall P. Hanson - Churchville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hypertensive Cardiovascular Disease	1 week.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-2, 1953, to 6-4, 1953 that I last saw the deceased alive on 6-4, 1953, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank D. Hanbe	M. D.	Harford Memorial Hospital	6-4-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/6/53	Churchville Cemetery	Churchville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 5-1953	C. L. Lewis M.D.	Henry Farring and Sons	Aberdeen. Maryland.

VS: A15

RECEIVED
JUN 8
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

35

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harve de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - 14
STREET ADDRESS (If rural, give location) 1731 Wycliffe Rd

3. NAME OF DECEASED (Type or Print) (First) Octavius (Middle) Taylor (Last) King, Jr.
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Apr. 13, 1920
9. AGE last birthday 33 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Octavius T. King, Sr.
14. MOTHER'S MAIDEN NAME Eunice Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 227-12-0343
17. INFORMANT AND ADDRESS Mrs. Sarah M. King-1731 Wycliffe Rd., Hillendale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture cervicle vertebra —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture skull —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Penna RR
(CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 6/9/53 (Day) (Year) (Hour) 5:02 P.M.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Auto accident, auto-train type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gerald C Palmer MD (Degree or title) Deputy Medical Examiner ADDRESS Harford Co. Bd Air Md DATE SIGNED 6/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/13/53
NAME OF CEMETERY OR CREMATORY Moreland Memorial Park
LOCATION (City, town, or county) Balto. Md. (State)
DATE REG'D BY LOCAL REG. 6-11-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Hartford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hartford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) H. (Last) Lewis

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11-18-1908

9. AGE last birthday 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary & Treas.

10b. KIND OF BUSINESS OR INDUSTRY Trust Co.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Samuel Lewis

14. MOTHER'S MAIDEN NAME Agnes Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Evelyn Lewis, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-Vascular Accident	6 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1953, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE Frank D. Hauler (Degree or title) M.D. ADDRESS Hartford Memorial Hospital DATE SIGNED 6-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6-5-1953

NAME OF CEMETERY OR CREMATORY Charlestown

LOCATION (City, town, or county) (State) Charlestown, Md.

DATE REC'D BY LOCAL REG. June 5-1953

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Wm. A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the cause of death clearly and legibly.

VS A15

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37

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 36 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE, Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
STREET ADDRESS (If rural, give location) 301 S. Union Ave

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H (Last) Matthews
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1953

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1-20-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired
10b. KIND OF BUSINESS OR INDUSTRY Vincent Kling Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Matthews
14. MOTHER'S MAIDEN NAME Susan Eckerts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Anna D. Matthews 301 S. Union Ave Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4001 Immediate cause (a) Cerebral Hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1953, to 6-23, 1953, that I last saw the deceased alive on 6-23, 1953, and that death occurred at 4:25 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Havre de Grace - Md. DATE SIGNED 6-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/53
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall, Md. (State)

DATE REC'D BY LOCAL REG. June 26-1953
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Cunningham & Son Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 93
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

38

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) D-3-2 Baldwin Manor

3. NAME OF DECEASED (Type or Print) (First) Lauren (Middle) Joanne (Last) McLord
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/1/50
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Paul L. McLord
14. MOTHER'S MAIDEN NAME Arline Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Paul L. McLord - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

878.0 Immediate cause (a) Accidental poisoning due to ferrous sulfate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) 6/9/53 (Day) (Year) (Hour) 24 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? A to 75 anti anemia tablets

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Bel Air Md 6/10/53

BURIAL CREMATION MOVAL (Specify) Burial
DATE THEREOF 6/13/53
NAME OF CEMETERY OR CREMATORY Post Cemetery
LOCATION (City, town, or county) (State) Aberdeen Md

DATE REC'D BY LOCAL REG. June 12-53
REGISTRAR'S SIGNATURE Ellis J. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons. Aberdeen. Md.
ADDRESS

RECEIVED
JUN 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1802

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Henry (Last) Middendorf
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 26, 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmowner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Henry Middendorf
14. MOTHER'S MAIDEN NAME: Cassandra Everett
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Everett Hess, Fallston, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis, terminating
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ch cardio-vascular disease
DUE TO
(c)

Interval Between Onset And Death (5 min.)

42[illegible].1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to June 9, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 11.30 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 11, 1953
NAME OF CEMETERY OR CREMATORY Mountain Christian Cem.
LOCATION (City, town, or county) (State) Joppa, Harford Co. Md
DATE REC'D BY LOCAL REGISTRAR 6/10/53
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin G. Kurtz, ADDRESS Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6574

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1 PLACE OF DEATH: COUNTY Harford — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 20 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 632 N. Stokes St.

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — STREET ADDRESS (If rural, give location) 632 N. Stokes St.

3. NAME OF DECEASED: (Type or Print) (First) Murray (Middle) Aldridge (Last) Mitchell

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Mar. 27 1889 — 9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Civilian Runner — 10b. KIND OF BUSINESS OR INDUSTRY: A.P.G. — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mitchell — 14. MOTHER'S MAIDEN NAME: Molly Duff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Mrs. Sarah E. Mitchell Havre de Grace Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Infarct Cerebral Thrombosis — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension Disease

DUE TO (c) Nursing Home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/ ,1953, to 6/11, 1953 that I last saw the deceased alive on 6/11, 1953, and that death occurred at 11 30 P.M., from the causes and on the date stated above.

SIGNATURE Martin Tierney M.D. (Degree or title) ADDRESS Havre de Grace DATE SIGNED June 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-14-53 — NAME OF CEMETERY OR CREMATORY Smith's Chapel — LOCATION (City, town, or county) Harford Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 14-1953 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. D.H. Madison — 24. FUNERAL DIRECTOR Mitchell — ADDRESS Havre de Grace Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C.140

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - HAVRE DE GRACE
LENGTH OF STAY (in this place) 2 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PA. COUNTY YORK
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - DELTA X
STREET ADDRESS (If rural give location) R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) ARCHIBALD (Middle) COOPER (Last) MOBLEY
4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JAN. 16, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RURAL MAIL CARRIER
10b. KIND OF BUSINESS OR INDUSTRY: U.S. POST OFFICE
11. BIRTHPLACE (State or foreign country): DELTA R.D. #2, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EDGAR MOBLEY
14. MOTHER'S MAIDEN NAME: AGNES ANDERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. NORA DOOLEY, DELTA, PA.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1953, to 6-23-, 1953, that I last saw the deceased alive on 6-23, 1953 and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Havre de Grace, Md DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF JULY 2, 1953
NAME OF CEMETERY OR CREMATORY SLATE RIDGE
LOCATION (City, town, or county) DELTA, (State) PA.
DATE REC'D BY LOCAL REGISTRAR July 2-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1953
BUREAU V. S

Item 18 Film G155 7-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06141

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HARUIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (Last) Osborne

4. DATE OF DEATH: (Month) June, (Day) 28, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Mar. 17, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Washington

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Harry Osborne, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerosis with dimentia

DUE TO (c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the cervix — ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 19 53 to 6/27, 1953, that I last saw the deceased alive on 6/27, 1953, and that death occurred at 2:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Stansbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/2/1953; NAME OF CEMETERY OR CREMATORY Asbury; LOCATION (City, town, or county) (State) Churchville, Harford Md.

DATE REC'D BY LOCAL REGISTRAR July 2 1953; REGISTRAR'S SIGNATURE Mamie M Mouladale

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon Md.

RECEIVED
JUL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

142

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 406 N. Union Ave.

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) Madison (Last) Owens

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 4, 1886
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Distillery
11. BIRTHPLACE (State or foreign country): Havre de Grace Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frank Owens
14. MOTHER'S MAIDEN NAME: Mary Emma Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Mrs. C. Jackson Mitchell 406 N. Union Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thromboses — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gastro-intestinal cause unknown — 3 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/, 1953, to 6/5/, 1953 that I last saw the deceased alive on 6/5/, 1953 and that death occurred at 7 p. m., from the causes and on the date stated above.

SIGNATURE: Lewis L. Wachsman (Degree or title) M.D. — ADDRESS: Havre de Grace Md — DATE SIGNED: 4/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 8, 1953 — NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery — LOCATION (City, town, or county): Cecil Co. (State): Md.

DATE REC'D BY LOCAL REG.: June 8-1953 — REGISTRAR'S SIGNATURE: U. L. Lewis M. D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace, Md.

VS A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 11 1953
BUREAU V. 4

Item 9 FilmG157 8/6/53 whw

6582

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Darlington, HARFORD CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Co Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OSCAR (Middle) FRANKLIN (Last) PHIPPS

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1953

5. SEX M

6. COLOR OR RACE White

7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED (Specify) Divorced

8. DATE OF BIRTH

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) M. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 200-09-6849

17. INFORMANT AND ADDRESS Mr. Joseph Beaver Darlington, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 — 1

Immediate cause (a) Arteriosclerotic CV disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Belt is Md. 6/15/53

23. ~~SERIAL CREMATION~~ REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial June 16, 1953 Sparta N C Sparta N. C.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

June 16, 1953 C H Kirk A. S. Bailey Darlington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AMA

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00143

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa Rural
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joppa — Md
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Isabella (Middle) Evalina (Last) Robinson
4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 20, 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Fallston, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Brown
14. MOTHER'S MAIDEN NAME: Cynthia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-20-7918
17. INFORMANT & ADDRESS: Brenton Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
441X
Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant Hypertension — 10 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to June, 1953, that I last saw the deceased alive on 6.13, 1953, and that death occurred at 7PM, from the causes and on the date stated above.
SIGNATURE A. I. Sandecki (Degree or title) M.D. ADDRESS Bel Air Md DATE SIGNED 6.15.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/16/53
NAME OF CEMETERY OR CREMATORY Tabernacle
LOCATION (City, town, or county) Benson Md (State)
DATE REC'D BY LOCAL REGISTRAR 6/16/53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR W. H. Wacker ADDRESS Benson, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The report of especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street — MARYLAND — LENGTH OF STAY (in this place) 11 Month — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street (Rural) — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Rudd	June	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Single	Sept 1-1942	10 Years yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm		Tazewell Va	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Rudd	Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Edward Rudd Street RD 1 - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8/2X **Immediate cause** (a) Fracture Skull —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING	PLACE (Home, farm, factory, street, OF INJURY Highway	(CITY OR TOWN) Street	(COUNTY) Harford	(STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not While at work ☒	HOW DID INJURY OCCUR?
6/18/53 9A m.			A Motor accident with pedestrian type.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☒, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M.D. Deputy Medical Examiner	Harford Co Bel Air Md	6/18/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 20/53	Bel Air Burial Park	Bel Air Harford Co Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/53	Priscilla Lowrood	Joseph T Foster	Bel Air Md

VS. A15A

RECEIVED
JUN 22 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 145

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Smith (Last)

4. DATE OF DEATH: (Month) June (Day) 21 (Year) ~~19~~ 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH:
9. AGE last birthday: About 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Pittsburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mr Fred McArthur

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 440 (a) Chronic Nephritis — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 yrs
DUE TO (c) Hypertension — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Confined to bed 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to June 21, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 6 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) L. P. Snodgrass M.D. ADDRESS Darlington Md. DATE SIGNED 6/22/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF June 23 1953
NAME OF CEMETERY OR ~~CREMATORY~~ St Ignatius
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 23, 1953
REGISTRAR'S SIGNATURE C. A. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5 T

RECEIVED
JUL 8
BUREAU V. S.

Item 18 Film G156 7-24-53 ams

06146

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 4 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Millie (Middle) H (Last) Thomas

4. DATE OF DEATH (Month) June (Day) 16, (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 6, 1897

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Thomas

14. MOTHER'S MAIDEN NAME Mary Lefler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Beulah Pugh, Conowingo, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis, septic type, due to lateral sinus thrombosis.

341 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1953, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. P. Vicente, M.D. ADDRESS Harford Memo. Hospital DATE SIGNED 6-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 18, 1953

NAME OF CEMETERY OR CREMATORY Silver Springs Cemetery

LOCATION (City, town, or county) (State) Chilhowie, Smyth Co., Virginia

DATE REC'D BY LOCAL REG. June 17-1953

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Lewis Patterson & Son, Perryville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

116147

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 aberdeen ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Luzerne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwamie
STREET ADDRESS (If rural, give location) X 35

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sadie	Mae	Wilcox	6	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6/27/1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Pragle	Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Preston Wilcox aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ureteral obstruction	6 mo.
	(c) Carcinoma of Sigmoid Colon	10 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-18-46	Carcinoma of Sigmoid Colon	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-1-, 1953, to 6-16-, 1953, that I last saw the deceased alive on 6-16-, 1953, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE Victor Hartman M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 6-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/16/53	Newport Cemetery	Warwamie Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16-53	Nellie R. Perry	Henry Harding and Sons	Aberdeen md.

RECEIVED
JUN 19 1953
BUREAU V. S.